



E000701

PROFILE: OHIO VALLEY REGIONAL MEDICAL PROGRAM

**Grantee: University of Kentucky Research
Foundation**

Current Chief Executive: William McBeath, M.D.

Originally prepared by: Michael J. Posta

Original date: September 1969

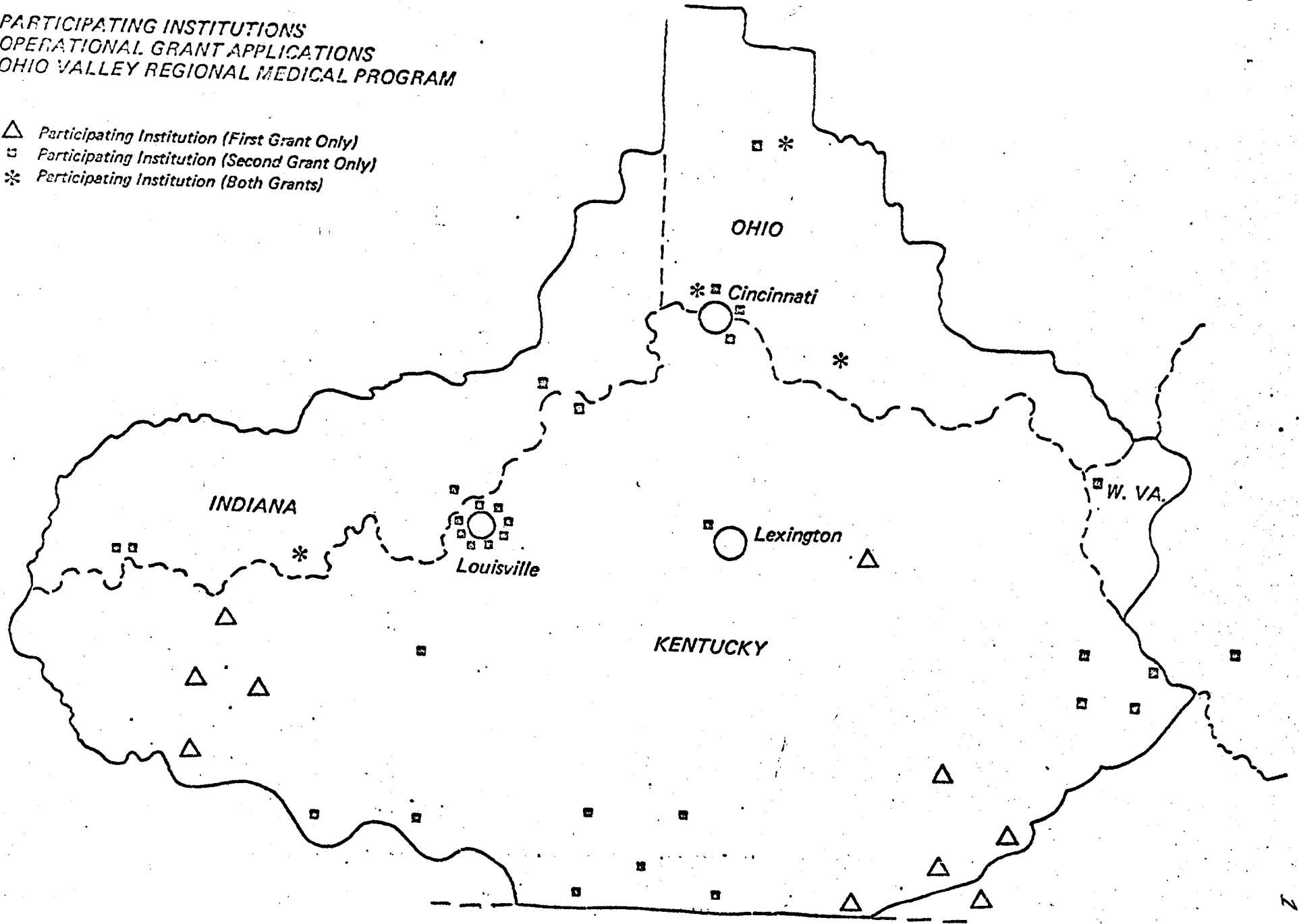
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**PARTICIPATING INSTITUTIONS
OPERATIONAL GRANT APPLICATIONS
OHIO VALLEY REGIONAL MEDICAL PROGRAM**

- △** *Participating Institution (First Grant Only)*
- *Participating Institution (Second Grant Only)*
- *** *Participating Institution (Both Grants)*



I. GEOGRAPHY

- 1) The Ohio Valley Regional Medical Program is composed of 140 counties comprising portions of Indiana, Kentucky, Ohio, and West Virginia.
- 2) Six major metropolitan areas include Cincinnati, Dayton, Evansville, Hamilton-Middletown, Huntington-Ashland, Lexington, and Louisville.
- 3) Medical schools are located at the University of Cincinnati, University of Kentucky, and University of Louisville.
- 4) Most of Kentucky's 101 counties (excluding the southwest bordering on Tennessee), 21 counties of Indiana, 16 Ohio counties including Cincinnati-Dayton areas and 2 counties of West Virginia altogether comprise the Cincinnati-Lexington-Louisville triad or the Ohio Valley Regional Medical Program.
- 5) There is some overlap with Ohio State University RMP and, in Kentucky, with the Tennessee Mid-South RMP.

Rationale

- 1) The boundaries are intended to be reflections of existing medical service areas, not determinants of future health care patterns.
- 2) Health interests within the defined region are free to participate in other Regional Medical Programs, and those outside the boundaries are welcome to participate in OVRMP.

II. DEMOGRAPHY

1) Population: Roughly 6 million persons:

		<u>Per Cent of State in OVRMP</u>
a) Kentucky	- 2.8 million	87%
b) Ohio	2.4 million	23%
c) Indiana	.65 million	12%
d) West Virginia	.15 million	8%

Urban areas: population includes 2.7 million persons in the following metropolitan areas:

a) Cincinnati	1.3 million
b) Evansville	.2 million
c) Huntington-Ashland	.25 million
d) Louisville	.8 million
e) Total Region is 71% urban.	

2) Land Area: 50,000 square miles:

Kentucky - 35,000; Ohio - 7,600; Indiana - 7,300; West Virginia - 800

3) Health Statistics: 1964

Mortality Rate per 100,000

	<u>Rates by States</u>			
	<u>U.S.</u>	<u>Ky.</u>	<u>Ohio</u>	<u>Ind.</u>
Heart Diseases	366	368	381	375
Cancer	151	140	159	153
CNS Vascular Lesions	104	122	113	122

4) Facilities Statistics:

A. Medical Schools - Enrollment

Cincinnati	308
Kentucky (Lexington)	263
Louisville	344

B. Schools of Nursing:

There are 20 diploma and 5 degree granting nursing schools in the Region.

C. Schools of Medical Technology:

There are 28 accredited schools: 12 - Ohio, 2 - Indiana, 1 - West Virginia and 13 - Kentucky.

D. Physical Therapy School - 1 (University of Kentucky)

E. Cytotechnology School - 1 (Louisville)

F. Hospitals: In 1969, there are 157 hospitals with 2755 beds. The great majority of hospitals are short-term, non-federal facilities.

5) Personnel Statistics:

As of 1969, there are:

- a) 5913 physicians
- b) 265 osteopaths
- c) 17,188 registered nurses
- d) 2,245 dentists

III. POLITICS

West Virginia - 2 counties (Cabill and Wayne) District 4
Indiana - 21 counties - District 8 & 9
Ohio (Cincinnati & Dayton) District 1, 2, 3, 4, 6, 7, 24

West Virginia

Senators:

Jennings Randolph (D) - Special Committee on Aging, Select Committee on Small Business, Public Works (Chairman), Labor & Public Welfare, P.O. & Civil Service

Robert C. Byrd (D) - Appropriations, Judiciary, Rules, and Administration

Congressman: District 4

Ken Heckler (D) - Science and Astronautics

Indiana

Senators:

Vance Hartke (D) - Commerce, Finance, Post Office and Civil Service, Special Committee on Aging

Birch Bayh (D) - Judiciary, Public Works, Special Committee on Aging, Select Committee on Small Business

Congressmen: District 8 & 9

(8) Roger H. Zion (R) - Public Works

(9) Lee H. Hamilton (D) - Foreign Affairs, Post Office and Civil Service

Ohio

Senators:

Stephen M. Young (D) - Special Committee on Aging, Public Works, Armed Services, Aeronautical and Space Sciences

William Saxbes (R) - Labor and Public Welfare, Special Committee on Aeronautical and Space Science

District 1, 2, 3, 4, 6, 7, 24

Robert Taft, Jr. (R) - Foreign Affairs

Donald D. Clancy (R) - Armed Services

Charles W. Whalen, Jr. (R) - Armed Services

William M. McCulloch (R) - Judiciary, Joint Committee on Atomic Energy,
Joint Committee on Immigration and
Nationality Policy

William H. Harsha (R) -

Thomas L. Ashley (D) - Banking and Currency, Merchant Marine and
Fisheries

Donald E. Lukens (R) - Post Office and Civil Service, Science and
Astronautics

Kentucky
Senators:

John Sherman Cooper (R) - Foreign Relations, Public Works, Rules and
Administration, Joint Committee on Library,
Select Committee on Standards and Conduct

Marlow W. Cook (R) - Agriculture and Forestry, Judiciary, Select
Committee on Nutrition & Human Needs, Select
Committee on Small Business

Congressmen:

Frank A. Stubblefield (D) - Agriculture, Merchant Marine and Fisheries

William H. Natcher (D) - Appropriations

William O. Cowger (R) - Banking & Currency, Government Operations

M. G. (Gene) Snyder (R) - Public Works

Tim Lee Carter (R) - Interstate and Foreign Commerce

John C. Watts (D) - Ways and Means, Joint Committee on Internal
Revenue Taxation

Carl D. Perkins (D) - Chairman, Education and Labor

Governor:

Louie B. Nunn (R) - four year term

IV. HISTORICAL REVIEW

Spring 1966

- Deans of eight medical schools (Cincinnati, Ohio State, Case Western Reserve, Pittsburgh, Indiana, Kentucky, West Virginia, and Louisville) met and determined that geographical area to be served by these 8 schools was too extensive and too heterogeneous to be organized into a single regional medical program.

June 1966

- Three of the 8 medical schools join forces to plan for Ohio Valley Regional Medical Program.

August 1966

- William McBeath, M. D., Program Director, submits application for planning grant.
 - 1) Region includes 3 schools of medicine. (Kentucky, Cincinnati and Louisville)
 - 2) University of Kentucky Research Foundation was accepted by 3 universities as the grantee organization.

January 1, 1967

- First Year Planning Award of \$285,000 (DC)

January 30, 1967

- Grants Management visited Lexington to obtain justification for proposed \$50,000 sub-contract to Greater Cincinnati Planning Council for "Patient Origin Study"; also checked out previous and present federal support to three medical institutions.

February 21-22, 1967

- Initial Regional Advisory Council meeting was conducted: Mr. Stephen Ackerman, DRMP was main speaker.
 - 1) Primary objective stressed manpower to improve the quality and availability of care; less concerned about the need for additional facilities and public information problems.

- May 9, 1967 - Program Director visited Division headquarters regarding Continuing Education interests of the Ohio Valley RMP.
 - May 20, 1967 - OVRMP headquarters were established @ 1718 Alexandria Drive, Lexington, Kentucky.
 - June, 1967 - Conference on Continuing Education was conducted with National participation.
 - August, 1967 - Regional Advisory Council develops 13 point criteria for future project development (See Section VII).
 - December, 1967 - Second year planning grant awarded for \$320,000.
 - July 12, 1968 - Initial operational grant application reviewed by National Review Committee; site visit recommended.
 - September, 1968 - Site visitors expressed hope that Operational status will crystalize planning efforts; application contained 6 operational projects.
- Visitors find:
- 1) Strong conceptual strategy with focus of program at community hospital level; emphasis being placed on staff development at selected hospitals and strengthening of educational resources of medical centers.
 - 2) Good formulation of functional relationships.
 - 3) Active involvement of key people including Regional Advisory Council.
 - 4) Strong commitments of support from 2 of the 3 medical schools.

November, 1968

- National Council recommended approval for operational status totaling \$866,000 (DC) and carryover of \$50,000 from unexpended funds from 2nd year planning grant to implement a "patient origin study." This program was not carried out by the Cincinnati planning Council during the planning grant.

January 1, 1969

- Initial operational award granted for \$338,781 (DC) to fund Core Staff (Project #1). Anniversary year established - Jan. 1, 1969 - December 31, 1969.

January 23, 1969

- National Council defers supplemental project applications #7, 8, 9, 10 and 11 for a site visit.

February 28, 1969

- Grant Award (Jan. 1, 1969 above) amended to:
 - 1) Fund projects #2, 3, 4 and 5. These were funded at 75% of Council's recommendation; total amounted to \$410,414 (DC).
 - 2) Increase core staff to fund "Patient Origin Study"; total amounted to \$50,000
 - 3) Total amount of amended operational award = \$799,195 (DC).

March, 1969

- Site Visit: Drs. Phillip White, Lawrence Meltzer and Frank A. Perry:

The site visitors reported favorable progress of funded projects; found RAC active and reported OVRMP appears to be stimulating involvement throughout the Region; suggested internal review mechanism be strengthened; Recommended:

- 1) Reduced funding for Project #7, "Automated Multiphasic Screening.
- 2) More planning needed for Projects #8 and #10 involving Stroke and Coronary Care.
- 3) Conditional approval for Project #9, "Dosimetry" pending Council's special study.
- 4) Approval for Project #11, Home Care Demonstration Program.

April, 1969

- Regional Advisory Council established new thrust for Program development. (See Grand Design, Section VII).

May, 1969

- National Council approved \$305,000 (DC) for Projects #7, 10, and 11 pending release of FY 1970 funds; Project #8, "Coronary Care Demonstration" was returned for revision; Project #9, "Dosimetry" was deferred until special stipulations could be answered in accord with Council's policy regarding radiation projects.

October 1969

- Representatives of Grants Management and Program Assistance Branchs were requested to visit Region. Discussed available options to be considered for the Continuation application for the 2nd year of the operational grant.

V. CORE STAFF

- 1) The central office of the Core Staff is located at 1718 Alexandria Drive, Lexington, Kentucky. Staff personnel include:
 - a) Program Director - William McBeath, M.D.
 - b) Associate Director Program Development - Mr. Laurel True
 - c) Associate Director Research and Evaluation - Donald Freeborn, Ph.D.
 - d) Program Development Specialist - Mr. Quintin Allen
 - e) Program Development Specialist - Vacant, R.N.
 - f) Administrative Officer - Mr. T. R. Newman
 - g) Research Associate - Mrs. Greers

- 2) University Coordinators are stationed at each of the University Medical Schools:
 - a) Cincinnati - James Schieves, M.D.
 - b) Kentucky - Frank Lemon, M.D.
 - c) Condit Moore, M.D. - Louisville

Each are employed on a 1/2 time basis. Each has secretarial assistance.

- 3) The Core budget for the 01 year includes:

a) Personnel	-	\$238,613
b) Consultants	-	8,000
c) Equipment	-	10,078
d) Supplies	-	8,100
e) Travel	-	31,640
f) Publication	-	9,500
g) Other	-	32,850
h) "Patient Origin Study"	-	50,000
Total		<u>\$388,781</u>

Additionally, Project #3 (Regional Medical Television) and Project #6 (Drug Information Service) can be described as planning functions of Core staff. A sum of approximately \$16,000 has been earmarked for planning in these two areas.

Project #10 (Regional Stroke Management Demonstration) will become part of the Core's planning effort effective January 1, 1970. A sum of approximately \$20,000 will be appropriated for this purpose.

All Core staff participate in surveillance of ongoing projects.

BIOGRAPHICAL INFORMATION

1) William McBeath, M.D. - Program Director

- a) Born February, 1931
- b) B.S., Georgetown College, Kentucky, 1953
- c) M.D., University of Louisville, 1957
- d) Community Health Resident, USPHS assigned to Kentucky State Health Department, 1961-62
- e) MPH - Michigan University, Ann Arbor, Michigan 1964
- f) Director, Division of Medical Care, Kentucky State Health Department 1962-65

2) Mr. Laurel True, MPH

- a) Born 1933
- b) A.B., Georgetown College, Kentucky 1955
- c) MPH, Michigan University 1963
- d) Medical Assistance Program, Kentucky State Health Department 1961-62
- e) Assistant Director, Division of Medical Care, Kentucky State Health Department 1963-65

3) Donald Freeborn, Ph.D.

- a) Born April 26, 1934
- b) B.A. Degree, Lynchburg College, Lynchburg, Virginia 1955
- c) MH Administration - Medical College of Virginia 1957
- d) Ph.D. - Medical Care Organization, University of Michigan 1964
- e) Assistant Director, University of Virginia Hospital 1957-60
- f) Research Associate, United Auto Workers - 1965-66
- g) Research Associate, University of Michigan 1967-68

4) Frank R. Lemon, M.D.

- a) Born October 16, 1917
- b) Certificate from La Sierra College, Riverside, California 1945
- c) M.D. Loma Linda University School of Medicine - 1950
- d) MPH - Tulane 1955
- e) Private practice 1951-52
- f) Department of Preventive Medicine, Loma Linda University School of Medicine 1963-64
- g) Residency, Internal Medicine, Long Beach VA Hospital
- h) Private practice 1966-68
- i) September 1968 - present - Associate Dean of Continuing Education, University of Kentucky

5) Conduit Moore, M.D.

- a) Born - April 29, 1916
- b) A.B. - Princeton, 1938
- c) M.D. - Columbia 1942
- d) Residency, St. Luke, New York 1942-43
- e) Navy 1943-46
- f) Residency Methodist Hospital 1947-49
- g) Teaching (Full Professor) University of Louisville 1952-present

6) James Schieves, M.D.

- a) Born - March 12, 1918
- b) DVM - Michigan State College, 1940
- c) M.D. - Cincinnati, 1943
- d) Professor of Medicine, Ohio State University, 1962-67
- e) Assistant Dean, University of Cincinnati College of Medicine

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VI. ORGANIZATION (see chart - next page)

Regional Advisory Council:

- 1) Currently has 36 members: approximately 1/3 are physicians, 1/3 are representatives of various health care interests and 1/3 are lay consumers.
- 2) The Chairman is Mrs. Rex Blazer, a volunteer civic leader from Ashland, Kentucky.
- 3) Meetings are conducted quarterly, last for two days, and are held at various locations within the Region.
- 4) Functions: Provides policy guidance in planning the content and direction of program development; also, is the final authority on approving project applications.
- 5) Elects its own Chairman and Vice Chairman; OVRMP Director (Coordinator) serves as ex-officio member and Secretary.
- 6) The formula of Council membership was devised by Deans of the three medical schools to provide geographical balance from the three principal areas of the Region and from the schools.

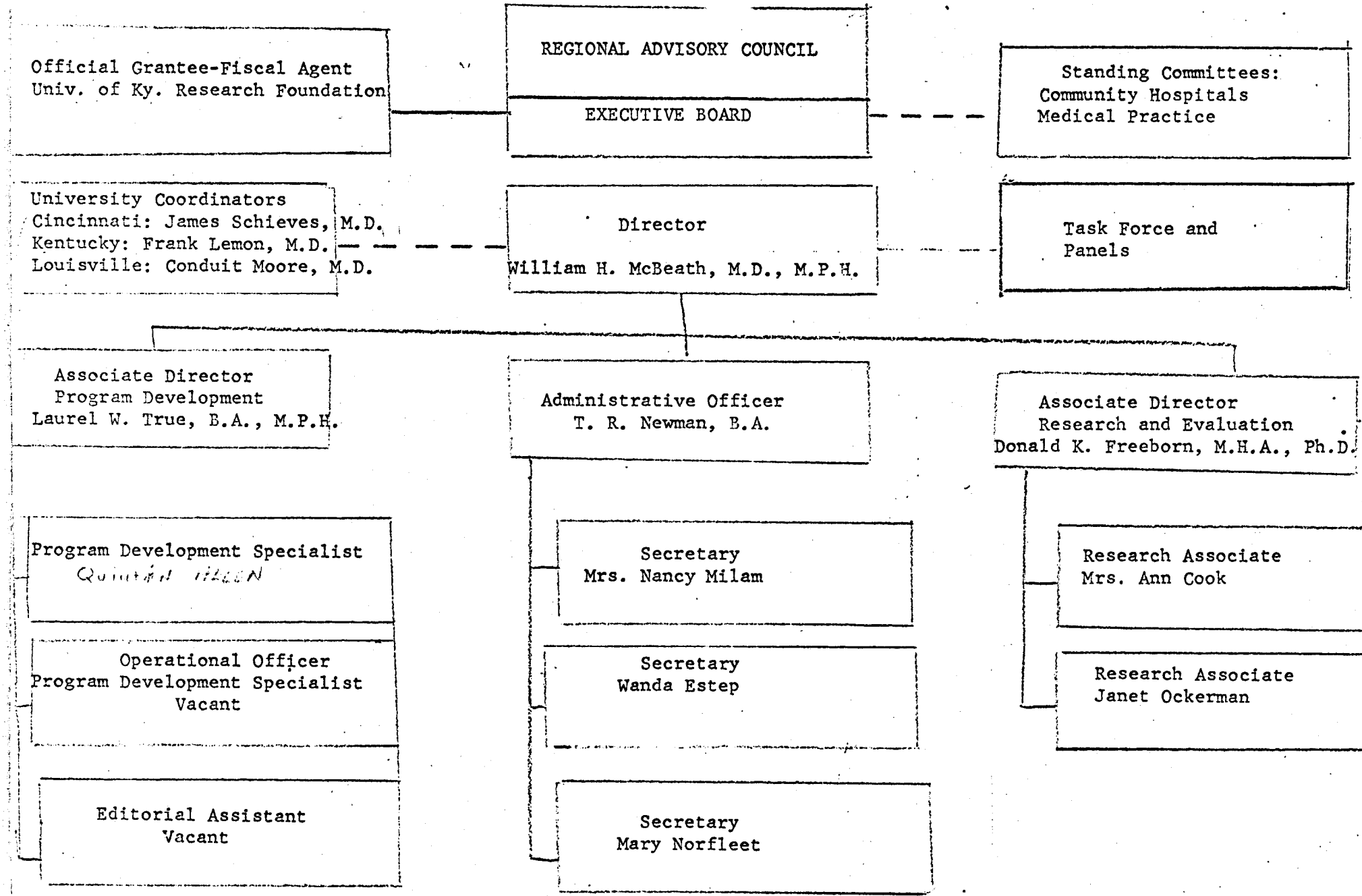
Executive Board:

- 1) Is composed of the elected Chairman and Vice Chairman of the Council along with a designated representative from each of the three medical schools.
- 2) Functions: Serves as a surveillance body for the staff's administration of grant funds; not involved with review process or planning of the conceptual strategy of the Region.
- 3) Meets at least twice per year; sets salary scales.
- 4) Role is minor when compared to RAC

Standing Liaison Committees:

- 1) Serve as formal auxiliary advisory groups which have been actively involved in program development.
- 2) To date, Committees have been established on Medical Practice (22 members) and Community Hospitals (12 members); Others are planned for the future.

OVRMP ORGANIZATION C



Official Grantee-Fiscal Agent
Univ. of Ky. Research Foundation

REGIONAL ADVISORY COUNCIL

Standing Committees:
Community Hospitals
Medical Practice

EXECUTIVE BOARD

University Coordinators
Cincinnati: James Schieves, M.D.
Kentucky: Frank Lemon, M.D.
Louisville: Conduit Moore, M.D.

Director

Task Force and
Panels

William H. McBeath, M.D., M.P.H.

Associate Director
Program Development
Laurel W. True, B.A., M.P.H.

Administrative Officer
T. R. Newman, B.A.

Associate Director
Research and Evaluation
Donald K. Freeborn, M.H.A., Ph.D.

Program Development Specialist
Quintin Allen

Secretary
Mrs. Nancy Milam

Research Associate
Mrs. Ann Cook

Operational Officer
Program Development Specialist
Vacant

Secretary
Wanda Estep

Research Associate
Janet Ockerman

Editorial Assistant
Vacant

Secretary
Mary Norfleet

Task Forces:

- 1) Ad hoc task forces, specifically in the areas of Continuing Education, Library Services and Television provide a broad base of technical assistance to staff in the development of program elements.

Panels

- 1) Composed of medical center representatives, Council members, standing Committee members and others with technical expertise.
- 2) Serve primarily to review proposed operational program elements on behalf of RAC; make recommendations concerning the technical content of project applications; also serve as special study groups.

Review Process of Project Proposals

- 1) Operational grant applications are reviewed in the following manner: (see graphical illustration on the next page).
- 2) All proposals are subjected to a "13 point criteria" which were prepared by the RAC.

I C E S S for REGIONAL REVIEW of PROGRAM PROPOSALS

PROPOSAL SPONSORS

OVRMP CORE STAFF

REFERENCE PANELS

REGIONAL ADVISORY COUNCIL

Standing LIAISON COMMITTEES

1. A proposed idea for a program element is brought to the attention of staff.

1a. Council is surveyed for preliminary comment.

2. Staff works with the resources interested in cooperatively sponsoring the program element to jointly develop the idea into a formal proposal with substance defined.

3a. Committees receive proposals and forward any comments to Council.

4a. Staff assists Council in review and priority determination.

4. Council receives proposals and recommendations for review and establishes proposal's priority relative to all proposals.

5. Staff assists sponsors with detailed preparation of requests for funding.

6. Council formally acts on proposal as a part of grant application.

VII. Grand Design

Through the leadership and involvement of the Regional Advisory Council, several policy statements have been prepared to enable the OVRMP to establish direction and emphasis in the development of project applications which will focus on primary priorities.

The first of these concentrated on the 13 criteria to be considered for project proposals. They were formally adopted by the Council, published and widely distributed in August, 1967. They included:

1) The proposal is a cooperative effort.

More than one type of health care interest (e.g., medical schools, hospitals, physicians, voluntary health agencies, etc.) will jointly provide support to, influence control of, and derive benefit from the activities proposed.

2) The proposal activates a regional approach to health care problems.

Resources and needs of multiple geographic communities will be involved and considered. Proposed activities will be functionally related to other elements and levels of the health services system. Potential benefits will eventually accrue to the entire OVRMP area.

3) The proposal is directed toward improved medical care.

Quality personal health services for individuals will be the ultimate goal and the primary concern of proposed activities. Concern for quantitative and qualitative adequacy will be assured.

4) The proposal emphasizes a concern for the problems of health manpower.

The net effect of the proposal will be to advantage the supply, distribution, accessibility, productivity, effectiveness, and efficiency of health sciences personnel.

- 5) The proposal contains interrelated education, research, and service aspects.

Activities emphasizing any one aspect of health endeavor will maximize reasonable opportunities to develop other aspects as strengthening adjuncts.

- 6) The proposal bears significant relation to the control of heart disease, cancer, stroke, and related conditions.

Sponsored activities will offer a reasonable expectation for beneficially affecting the mortality associated with these conditions. Principles emphasized in the proposal will preferably have applicability in the management of other health problems also. Activities will not be so categorically oriented as to compromise more comprehensive approaches to general health care.

- 7) The proposal presents justification of a need for action.

Activities will serve to neutralize needs which are objectively defined as to nature, extent, severity, urgency, and potential for correction.

- 8) The proposal defines specific objectives which are subject to subsequent evaluation.

Proposal design and planning will be influenced by evaluation considerations. Both short-term and long-range objectives will be established. Evaluation will include independent assessments of objective attainment.

9) The proposal seems practical.

Evidence indicates that the proposed activities will be pursued by capable sponsors, in a manner which is technically sound and economically feasible, and with reasonable potential for success.

10) The proposal represents new or expanded activity.

OVRMP funds will not be utilized as substitutionary or replacement financing for established programs. Recipients of funds in support of expanded activities will satisfactorily demonstrate a maintenance or increase of non-OVRMP support.

11) The proposal projects activities relatively dependent upon some OVRMP support.

OVRMP funds will not normally be utilized to finance activities either eligible for funding under new appropriate existing federal programs, or acceptable for financing under established programs of voluntary agencies.

12) The proposal gives due consideration to continuation support.

Alternative potential means for continuing financial maintenance of successful activities will be identified and evaluated. Demonstration activities will offer high potential for future adoption under non-OVRMP auspices.

13) The proposal is contributory to and supportive of the total program of OVRMP.

Sponsors will identify their activities as a cooperating participant in OVRMP and its broader purposes. Cooperating participants in OVRMP will accept the responsibility to be mutually supportive.

The second policy document related to the development of a combination of interrelated education, patient care and research activities within and among a defined network of cooperating hospitals. It is known as the "Skeleton" program and consists of:

- 1) CONPRED - Continuing Professional Education
- 2) PRETECT - Prevention - deTection Program
- 3) CORONET - Coronary Control Network
- 4) STREHAB - Stroke Rehabilitation Program
- 5) LIBREXS - Library Extension Service

Current funded projects (#2 through #5) deal with the above five program activities.

The third (and present policy statement) was endorsed by the Regional Advisory Council in April, 1969. It serves as the current focus (or thrust) of the OVRMP. The initial priority calls for "the development and more effective utilization of health manpower for the delivery of improved ambulatory care". The term "ambulatory care" is defined as "all patient care except institutional in-patient care."

Within the focal area of priority, six aspects are highlighted for potential consideration. They include paramedical personnel, emergency services, prevention and follow-up, Coordination of Community Resources, Patient Medical Records and Institutional Ambulatory Care Programs such as hospital OPD's and health department clinics.

For a complete statement of the present OVRMP focus, please refer to appendix A. (page __)

VIII. FUNDED OPERATIONAL PROJECTS

Note: This narrative deals only with project objectives; progress is not described. Funding levels are denoted in Table 1.

#1 -- CORE

Objectives: Support is requested for a core staff in Lexington, Kentucky with general administrative planning and coordinating functions. Coordinating staffs at the three medical schools at the University of Kentucky, Cincinnati, and Louisville would also be supported. The functions of these groups include general university coordination, as well as personnel contributing to the operational projects.

#2 -- COMMUNITY HOSPITAL STAFF DEVELOPMENT

Objectives: Support is requested for seven Directors of Continuing Professional Education to serve eight hospitals committed to OVRMP objectives. The seven DME's serving either full-time or part-time, represent an effort equal to 5.7 full-time directors. The primary function of the director is to develop and coordinate an organized, hospital-based program of continuing education. The outcome of these educational efforts will be evaluated in terms of their effect upon needs. Serve 16 hospitals.

Hospitals involved include Brown County General Hospital, Good Samaritan, Harlan Appalachian Regional Hospital, Hopkins County, Muhlenberg Community, Owensboro-Davies County, St. Claire Medical Center, and St. Elizabeth Hospital.

#3 -- REGIONAL MEDICAL TELEVISION

Objectives: Support is requested for the first steps toward long-range goals established in preliminary planning to develop inter-connections between the three University medical television functions. Partial support is also projected for the cost of tapes, production materials and distribution.

#4 -- LIBRARY EXTENSION SERVICES

Objectives: This project proposes to provide a strong library support function in the eight demonstration hospitals for which educational activities are to be developed in this operational application.

Project funds are to be utilized at each of the hospitals listed under Project #2 and at each of the participating medical centers at Kentucky, Louisville and Cincinnati Universities.

#5 -- UNIVERSITY CONTINUING EDUCATION RESOURCES

Objectives: This project proposes to augment the continuing education resources of the three medical centers, described as not staffed, equipped or supported so as to respond effectively to needs in the life-time learning of health professionals. Also, that the medical center resources must be made more accessible to the cooperating community hospitals by means of staff specifically devoted to mobilizing these resources in response to specific local needs.

#6 -- (DRUG INFORMATION SERVICES) - Funded as a feasibility study.

#7 -- "AUTOMATED MULTIPHASIC SCREENING" - Cincinnati, Ohio approved conditionally (awaiting FY 1970 funds)

#8 -- "COOPERATIVE CORONARY CARE DEMONSTRATION" - returned for revision

#9 -- "RADIOTHERAPY" - needs documentation per July 3, 1969 (News Information Data), can be sent to December 1969 Council if affirmative answers can be obtained .

#10 -- "REGIONAL STROKE MANAGEMENT DEMONSTRATION" - funds to be granted for planning only (from FY 1970 funds) - not yet funded.

#11 -- "RURAL MULTI-COUNTY HOME CARE DEMONSTRATION" - approved pending release of FY 1970 funds - not yet funded.